

employees and less than a total capacity of 155,000 barrels a day, will be eligible to receive Federal assistance of up to 35 percent of the costs necessary, through tax credits, to comply with the highway diesel fuel sulfur control requirements of the EPA.

Without such a provision, many small business refiners will be unable to comply with the EPA rule and could be forced out of the market. Individually, each small refiner represents a small share of the national petroleum marketplace. Cumulatively, however, the impact is substantial. Small business refiners produce about 4 percent of the Nation's diesel fuel, and in some regions, provide over half.

Small business refiners also fill a critical national security function. For example, in 1998 and in 1999, small business refiners provided almost 20 percent of the jet fuel used by the U.S. military bases. Small business refiners' pricing competition pressures the larger integrated companies to lower prices for the consuming public. Without that competitive pressure, consumers will certainly pay higher prices for the same products.

Over the past decade, approximately 25 United States refineries have shut down. Without assistance in complying with the EPA rule, we may lose another 25 percent of U.S. refineries.

This legislation is critical, not because small business refiners do not want to comply with the EPA rule due to differences in environmental policy, but because it will help keep small business refiners as an integral part of the industry and on the way to cleaner production and full compliance with all environmental regulations.

SENATE MANAGED CARE LEGISLATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, I rise tonight to encourage our House leadership to bring the Patients' Bill of Rights to the floor as soon as possible, hopefully next week.

The Senate took historic steps before the July 4 recess to pass a bipartisan, meaningful Patients' Bill of Rights. The McCain-Kennedy compromise legislation includes strong patient protections that will ensure high quality health care for millions of Americans with private health insurance coverage.

These protections include:

Access. Patients will be able to go directly to specialists. Women have the right to go to their OB-GYNs, and children directly to their pediatricians.

Communication. The Senate bill eliminates gag clauses which prohibit doctors from discussing all the treatment options, even those not covered by the plan, with their patients.

Emergency room care for patients who reasonably believe that they are suffering from an emergency medical condition, so they do not have to drive by an emergency hospital to go to the one that is on their list.

Internal-external appeals, which ensures that patients have access to timely and appropriate health care.

And probably the most important is accountability if an HMO's denial or delay of treatment causes a person's injury or death.

Many critics of this legislation say it would result in an onslaught of frivolous and expensive litigation, but this compromise bill also included many provisions to prevent such lawsuits from taking place.

For example, the legislation requires patients to exhaust all their appeal procedures before they can sue their health plan. By requiring that patients utilize an independent review panel, the bill makes sure that medical decisions are made in the best interests of medical practice in a timely manner.

In my home State of Texas, we have been using independent review organizations, or IROs, as we call them, to resolve HMO and patient coverage disputes since 1997, 4 years. These IROs are made up of experienced physicians who have the capability and the authority to resolve disputes for cases involving medical judgment.

These provisions have been successful not only because they protect patients, but also because they protect the insurers. Plans that comply with the independent review organization's decision cannot be held liable for punitive damages if they do go to court.

This plan has worked well. Since 1997, more than 1,000 patients and physicians have challenged the decisions of HMO plans. The independence of this process is demonstrated by its fairly even split. Of this about 1,000 appeals, in only 55 percent of these cases did the IRO fully or partially reverse the decision of that HMO.

The Senate legislation protects employers from unnecessary litigation.

Let me go back to the independent review organizations. Fifty-five percent of the time, these IROs found that there was something wrong with the HMO's decision. I would hope that our medical decisions have a better percentage than to flip a coin, so in 55 percent of the cases in Texas, either partially or totally the HMO was reversed by the independent review organization.

The bill goes so far because it protects employers against any liability unless they are directly participating in the decision on a claim for benefits which result in personal injury or death.

The bill specifically lists a number of areas that are not considered direct participation. In other words, as an employer, one could select the health

plan, choose benefits to be covered under the plan, buy a Cadillac plan or a Chevrolet plan, and the employer would not be sued for that, or for advocating with the health plan on behalf of the beneficiary for coverage.

I know in my own experience as a small business, oftentimes my biggest problem was advocating for our employees with our health insurance plan to say it should be covered.

The only case where an employer would be liable would be if they choose to make medical decisions which harm or kill a patient. If the employer acts like a doctor, then the McCain-Kennedy bill hold them responsible like a doctor.

Mr. Speaker, I mentioned earlier, we have had many of these same provisions in Texas law now for 4 years. Yet, we have not seen a barrage of frivolous lawsuits, nor have insurance premiums risen at a faster rate than anywhere else in the Nation.

Mr. Speaker, the Dingell-Ganske bill here in the House is very similar to the McCain-Kennedy bill, which is very similar to a law that we have had on the books in Texas for 4 years. It contains many of the same compromise provisions, which at the same time ensure that these protections can be enforced.

It is time that the House followed suit and passed a real, meaningful, strong, bipartisan Patients' Bill of Rights. I urge the leadership not to delay in bringing the Dingell-Ganske bill to the floor for a vote.

GENERAL LEAVE

Ms. WATSON of California. Mr. Speaker, I ask unanimous consent that Members have 5 days to revise and extend their remarks on the subject of my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

THE LEGACY OF CALIFORNIA STATE SUPREME COURT JUSTICE STANLEY MOSK

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON of California. Mr. Speaker, today I stand before this august body to pay tribute to a superb colleague, friend, and fighter for justice, the late Honorable California State Supreme Court Justice Stanley Mosk.

As a State Supreme Court Justice, Stanley Mosk fought repeatedly for civil rights and individual liberties. He constantly strove for fairness for all Californians. Judge Mosk did not view his judicial task as a job, but as a mission for humanity. Judge Mosk understood the pain of racism.